

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form
(CRF)?:: No

Number of copies of CRF::

Title:: DISPERSIBLE FORMULATION OF AN ANTI-INFLAMMATORY
AGENT

Attorney Docket Number:: 1559.US1

Request for Early
Publication?:: No

Request for
Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Application Data Sheet

Application Information

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Nancy
Middle Name:: J.
Family Name:: Britten
Name Suffix::
City of Residence:: Portage
State or Province of Residence:: Michigan
Country of Residence:: USA
Street of mailing address:: 4750 Norfolk Circle
City of mailing address:: Portage
State or Province of mailing address:: Michigan
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 49024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Niki
Middle Name:: A.
Family Name:: Waldron
Name Suffix::
City of Residence:: Kalamazoo
State or Province of Residence:: Michigan
Country of Residence:: USA
Street of mailing address:: 2460 Wildemere
City of mailing address:: Kalamazoo
State or Province of mailing address:: Michigan
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 49009

Delete This Page

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Jeffrey
Middle Name::	L.
Family Name::	Watts
Name Suffix::	
City of Residence::	Kalamazoo
State or Province of Residence::	Michigan
Country of Residence::	USA
Street of mailing address::	9531 Autumnwood Circle
City of mailing address::	Kalamazoo
State or Province of mailing address::	Michigan
Country of mailing address::	USA
Postal or Zip Code of mailing address::	49009
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	John
Middle Name::	Walter
Family Name::	Hallberg
Name Suffix::	
City of Residence::	Nashville
State or Province of Residence::	Michigan
Country of Residence::	USA
Street of mailing address::	7101 Butler Road
City of mailing address::	Nashville
State or Province of mailing address::	Michigan
Country of mailing address::	USA
Postal or Zip Code of mailing address::	49073

Delete This Page

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: John
Middle Name:: W.
Family Name:: Burns
Name Suffix::
City of Residence:: Antigo
State or Province of Residence:: Wisconsin
Country of Residence:: USA
Street of mailing address:: 812 4th Avenue #8
City of mailing address:: Antigo
State or Province of mailing address:: Wisconsin
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 54409
Applicant Authority Type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 25533
Name:: Pharmacia & Upjohn Company
Street of mailing address:: Global Intellectual Property
301 Henrietta Street
City of mailing address:: Kalamazoo
State or Province of mailing address:: MI
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 49007
Phone number:: (269) 833-9500
Fax Number:: (269) 833 2316
E-Mail address::

Representative Information

Representative Customer Number::	25533
-------------------------------------	-------

Representative Designation::	Registration Number::	Representative Name::